

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/534141

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3		1				
4		1				
5		2				
6		2				
7		2				
8		2				
9		2				
10		2				
11		2				
12	1					
13	1					
14		1				
15		1				
16		1				
17		1				
18		2				
19		2				
20		2				
21	1	2				
22	1					
23		2				
24		2				
25		2				
26		2				
27		2				
28		2				
29		2				
30	1					
31	1					
32						
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47						
48						
49						
50						
TOTAL IND.	8	↓		↓		↓
TOTAL DEP.	40	←		←		←
TOTAL CLAIMS	48					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						